

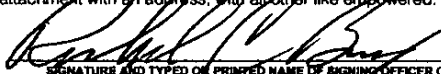


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90013 050 ****61.25

DOCUMENT # N11042 1. Entity Name CITRUS COUNTY CRUISERS, INCORPORATED					
Principal Place of Business 5300 S MANATEE TERR HOMOSASSA, FL 34446 US				Mailing Address PO BOX 2665 CRYSTAL RIVER, FL 34423 US	
2. Principal Place of Business 4319 N. DODGE CITY DR.		3. Mailing Address 			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State BEVERLY HILLS, FL		City & State			
Zip 34465	Country CITRUS	Zip	Country		
6. Name and Address of Current Registered Agent MCGAHERAN, NANCY 5300 S. MANATEE TERR HOMOSASSA, FL 34446				7. Name and Address of New Registered Agent Name RICHARD C. BUMP Street Address (P.O. Box Number is Not Acceptable) 4319 N. DODGE CITY DR. City BEVERLY HILLS FL Zip Code 34465	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  MEASURER <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE 1/30/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD OLPINSKI, RICK PO BOX 2693 HOMOSASSA SPGS, FL 34447	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD RAUSCH, RICHARD 3058 S CALAIS HOMOSASSA, FL 34448	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORAN, JIM 5884 N SULTANA TERR BEVERLY HILLS, FL 34465	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MCGAHERAN, NANCY 5300 S. MANATEE TERR HOMOSASSA, FL 34446	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S STOLL, JUDITH 340 N HEDRICK AVENUE LECANTO, FL 34481	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D THOMAS, DOUG 3880 N TALLAHASSEE ROAD CRYSTAL RIVER, FL 34428	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T RICHARD C. BUMP 4319 N. DODGE CITY DR BEVERLY HILLS, FL 34465	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SANDRA HAWKES 13 CUPANIA CT HOMOSASSA, FL 34446	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROLAND SOREL 9115 S. BREEN TERR HOMOSASSA, FL 34446	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  MEASURER <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 1/30/06 (352) 249-1196 <small>Date Daytime Phone #</small>	